

Docket No.: 123452

**DECLARATION AND POWER OF ATTORNEY  
UNDER 35 USC §371(e)(4) FOR  
PCT APPLICATION FOR UNITED STATES PATENT**

As a below named inventor, I hereby declare that:  
my residence, post office address and citizenship are as stated below under my name;

I verify believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought, namely the invention entitled: **THREE-DIMENSIONAL SHAPE MEASURING METHOD AND ITS DEVICE**

described and claimed in International application number PCT/EP2003/014469 filed November 13, 2003.

I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose to the Office all information known to me to be material to patentability as defined in Title 37, Code of Federal Regulations §1.56.

Under Title 35, U.S. Code §119, the priority benefits of the following foreign application(s) filed by me or my legal representatives or assigns within one year prior to my international application are hereby claimed:

Japanese Patent Application No. 2002-330582 filed November 14, 2002

The following application(s) for patent or inventor's certificate on this invention were filed in countries foreign to the United States of America either (A) more than one year prior to my international application, or (B) before the filing date of the above-claimed foreign priority application(s):

As a named inventor, I hereby appoint the patent practitioners associated with CLIFF & BERRIDGE, PLC Customer No. 25944 as attorneys of record to prosecute this application and all continuations and divisions thereof, and to transact all business in the Patent and Trademark Office.

ALL CORRESPONDENCE IN CONNECTION WITH THIS APPLICATION SHOULD BE SENT TO  
CLIFF & BERRIDGE, PLC, CUSTOMER NO. 25944. TELEPHONE: (703) 836-6400.

I hereby declare that I have reviewed and understand the contents of this Declaration, and that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true, and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

1 Type/Print Full Name of Sole or First Inventor	Hiroshi Given Name		KAWASAKI Family Name
2 Inventor's Signature:	Girrodai		Kawasaki
3 Date of Signature:	05 Month	10 Day	2005 Year
Residence:	Sakuma-city City	Utsunomiya State or Province	Japan Country
Citizenship:	Japan		
Post Office Address: (Insert complete mailing address, including country)	Tokio 10-19-42 #408, Utsunomiya, Sakuma-city, Japan		

Note to Inventor: Please sign name on Line 2 exactly as it appears in Line 1 and insert the actual date of signing on Line 3.

IF THERE IS MORE THAN ONE INVENTOR USE PAGE 2 AND PLACE AN "X" HERE   
(Second this page is a sole inventor application)

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1	Typewritten Full Name of Inventor			Given Name Byo	Middle Initial	FURUKAWA
2	Inventor's Signature:			Given Name TAKAY		Family Name FURUKAWA
3	Date of Signature:			Month May	Day 10	Year 2005
Residence:		Hiroshima-city City		Naka-ku State or Province		Japan Country
Citizenship:		Japanese				
Post Office Address: (Insert complete mailing address, including country)						
1	Typewritten Full Name of Joint Inventor			Given Name	Middle Initial	Family Name
2	Inventor's Signature:					
3	Date of Signature:			Month	Day	Year
Residence:		City		State or Province		Country
Citizenship:						
Post Office Address: (Insert complete mailing address, including country)						
1	Typewritten Full Name of Joint Inventor			Given Name	Middle Initial	Family Name
2	Inventor's Signature:					
3	Date of Signature:			Month	Day	Year
Residence:		City		State or Province		Country
Citizenship:						
Post Office Address: (Insert complete mailing address, including country)						
1	Typewritten Full Name of Joint Inventor			Given Name	Middle Initial	Family Name
2	Inventor's Signature:					
3	Date of Signature:			Month	Day	Year
Residence:		City		State or Province		Country
Citizenship:						
Post Office Address: (Insert complete mailing address, including country)						

Note to Inventor: Please sign name on Box 3 exactly as it appears in Box 1 and insert the actual date of signing on Box 3.

This form may be executed only when attached to the first page of the Declaration and Power of Attorney of the application to which it pertains.

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